

Exhibit 4

Declaration of Third Party Payor Humana Inc.

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1. Humana Inc. (Humana) is a leading health and wellbeing company offering medical benefit insurance plans to more than 17 million members. Humana is headquartered in Louisville, KY but offers plans throughout the United States. More than 80% of Humana's members are enrolled in plans offered pursuant to contracts with the government, including Medicare, Medicaid and Tricare.

2. Humana's subsidiaries offer various health care plans, including plans providing prescription drug coverage, for which it directly funds the benefits and pays eligible claims on behalf of enrolled members. For these plans, Humana is "at risk," meaning that it absorbs some or all of the cost of the product or service it is covering. When making the decision whether a drug's cost will be covered, Humana relies on manufacturers' direct or indirect representations that their products are in compliance with FDA regulations, are not adulterated or misbranded, are free from defects, and are fit for their intended purpose.

3. Humana uses Humana Pharmacy Solutions Inc. (HPS), an in-house pharmacy benefit manager, to adjudicate prescription drug claims as they are submitted from pharmacies to determine eligibility, the allowable costs, and the division of the drug price between Humana and the insured consumer.¹ Humana maintains a detailed electronic database that stores transactional information generated by HPS for each prescription drug claim submitted. The information recorded includes, among other things:

- A. Identification of the specific plan providing coverage;
- B. Date the prescription was filled;
- C. Whether the drug was dispensed via mail order or at a retail pharmacy;
- D. Identification and location of the pharmacy that dispensed the drug;

¹ HPS engages certain third-party subcontractors to assist with claims adjudication.

- E. Identification of the member for whom the prescription was filled
- F. Information regarding the current location of the member
- G. Drug, manufacturer, dosage strength, and quantity dispensed, including the National Drug Code universally applied to identify the product
- H. Ingredient (i.e. product) cost paid to the pharmacy for the prescription
- I. Information concerning the amount and manner in which the member's share of the prescription cost was calculated

4. The claims adjudication process undertaken by HPS automatically accesses individual enrollment data to confirm that the consumer for whom the drug is prescribed is currently covered by the plan. In addition to unique member IDs, the enrollment data includes the full name, date of birth, sex, and address of the enrolled person. The claims adjudication process also incorporates the plan's formulary to determine if the specific drug is covered, and if so, at what level of benefit (also referred to as a "tier"). The benefit design specific to the plan is applied to determine how much the enrolled member must contribute toward the drug's cost, including any unsatisfied deductible for the year.

5. Humana also provides administrative services for plan sponsors that choose to assume most or all of the risk of prescription drug benefits for their members rather than asking Humana to assume that risk. These are generally referred to in the industry as Administrative Services Only ("ASO") contracts. In these arrangements Humana pays claims on behalf of the ASO plan sponsor and bills those costs back to the plan sponsor. Humana receives a fee for the administrative services it provides. In its internal and certain external reporting, Humana distinguishes between its ASO and Fully Insured revenues. For its ASO customer plans, Humana electronically maintains a record of the plan sponsor's identity together with its contact information. Federal or state government entities that contract for ASO plans would be identifiable in the Humana data. Under certain ASO plan contracts Humana assumes the right

from the plan sponsor to pursue any claims from third parties who may be responsible for covering or reimbursing the costs of prescription drugs. Under such contracts Humana has contractual obligations to share with ASO plan sponsors reimbursements and recoveries from third parties and it has systems in place to ensure compliance with these commitments.

6. Assuming Humana was supplied with a list of NDCs for contested Valsartan-containing products (VCPs), Humana would be able—pursuant to a HIPAA compliant court order with appropriate confidentiality provisions—to produce data sufficient to identify the members who took VCPs, identify the applicable plans and plan sponsors for those members, and identify the costs of the VCPs born by Humana and the members.

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